# Request for EMS Advice and Outcome Summary

## EMS Advice Request – Completed by EMS Assessor

### Client Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** | [Family Name] | **First Name(s)** | [First Name(s)] |
| **NHI** | [Insert NHI] | **Date of Birth** | Enter text |
| **Address** | Enter text |

### EMS Assessor Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Enter text | **AEA No.** | Enter text |
| **Phone** | Enter text |  |  |
| **Email** | Enter text. |
| **Preferred method of contact:** | Choose an item |
| **Preferred time/day for contact:** | Enter text |

### Eligibility Details

**Primary Diagnosis:** Choose an item **Secondary Diagnosis or other:** Enter text

**Resides:** Choose an item **If not listed, please state**: Enter text

**EMS Funding Stream:** Choose an item

### EMS Advice Requested

[ ] Mandatory Consultation

[ ] Optional Consultation

**Equipment** Choose an item

**Housing** Choose an item

**Vehicle** Choose an item

### Explanation of Situation/Issues

**Background Information**

Click or tap here to enter text.

**Current Functional Ability**

Click or tap here to enter text.

**Clinical Reasoning**

Click or tap here to enter text.

**Proposed Solution**

Click or tap here to enter text.

### Attachments Included (where applicable)

|  |  |
| --- | --- |
| [ ]  Existing sketch[ ]  Proposed modification sketch[ ]  Equipment quote[ ]  Manual or Power chair specification form[ ]  Photos or video | [ ]  Eligibility for LTS-CHC funding[ ]  Evidence of main carer[ ]  Evidence of full-time tertiary study[ ]  Evidence of voluntary work[ ]  Evidence of full-time employment |

## Outcome of Consultation – Completed by EMS Advisor

### Review Notes

Click or tap here to enter text.

### Previous Funding History

Click or tap here to enter text.

### Review Outcome

Click or tap here to enter text.

[ ]  Solution meets MoH access criteria, proceed to the MoH EMS Portal

[ ]  Solution does not meet MoH access criteria, consider alternative solutions

[ ]  Other: Enter text

**Date Completed** Enter a date

**EMS Advisor** Choose an item

**Designation** Choose an item

Click on the icon below to paste in any photos

  

 

  